

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

Attachment #

Page

10  
7 of 2

It is the applicant's responsibility to keep the information on this form current.  
To advise the County of any changes, please contact Christine Coble  
by telephone at 488-9962 or by e-mail at [CobleC@mail.co.leon.fl.us](mailto:CobleC@mail.co.leon.fl.us)

Applications will be discarded if no appointment is made after two years.



Name: Karen Messer

Date: Aug 24, 2004

Home Phone: 850 876 6452

Work Phone: N/A

Email: N/A

Occupation: N/A

Employer: N/A

Please check box for preferred mailing address.

☐ Work Address:

City/State/Zip:

☒ Home Address 6822 Longhorn Ct.

City/State/Zip: Tallahassee, Fla. 32311

Do you live in Leon County? ☒ Yes ☐ No If yes, do you live within the City limits? ☐ Yes ☒ No

Do you own property in Leon County? ☐ Yes ☒ No If yes, is it located within the City limits? ☐ Yes ☐ No

For how many years have you lived and/or owned property in Leon County? 51 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: Landfill Cmt. Liaison Comm. 2nd Choice: Appl. Hwy Reg. Pk. Cmt. Focus Group

If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:

Human Services ☐ Housing ☐ Health Care ☐ Science ☐ Library Services ☐ Growth Management ☐  
Tourist Development ☐ Transportation ☐ Bicycle/Pedestrian ☐ Metropolitan Planning Organization ☐

Other Areas                     

Have you served on any previous Leon County committees? ☐ Yes ☒ No

If Yes, on what Committee(s) have you served?                     

How many days per month would you be willing to commit for Committee work? ☐ 1 ☐ 2 to 3 ☒ 4 or more

And for how many months would you be willing to commit that amount of time? ☐ 2 ☐ 3 to 5 ☒ 6 or more

What time of day would be best for you to attend Committee meetings? ☒ Day ☐ Night

(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain these goals.

Race: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other

Sex: ☐ Male ☒ Female

Age: 51

Disabled? ☐ Yes ☒ No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at [CobleC@mail.co.leon.fl.us](mailto:CobleC@mail.co.leon.fl.us)

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

High School 30-40 hrs Community College  
 I want to help. There are no such thing as problems,  
 mind solutions. KDM 8/26/04

References (you must provide at least one personal reference who is not a family member):

Name: Dr. Wallace Bell Telephone: 850-422-0509  
 Address: 904 (?) Barrie Ave. (Dr.) Tall. Fl. 32503

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No

Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☒ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? \_\_\_\_\_

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: Karen D. Miesner 8/26/04

Please return Application to

Christine Cable, Agenda Coordinator  
 Leon County Board of County Commissioners  
 381 South Monroe Street  
 Tallahassee, FL 32301